



Medco Health Home Delivery Pharmacy Service™ Order Form

Benefits Provided by Washington State Department of Social and Health Services



For Refills

To order by phone: Call Member Services at 1 800 903-8639. Have your Patient Identification Code (PIC) and your refill slip with the prescription information ready.

To order by mail: Include your refill slip(s) with this form. Do not complete the Patient Information section for refills.

For New Prescriptions

Fill out one line of the Patient Information Section for each new prescription you send. Be sure to include the patient's full name, date of birth, and address, along with the doctor's name and phone number.

For All Home Delivery Orders

Place all prescriptions and refill slips together with this completed order form in the enclosed return envelope. Be sure to fold the form as indicated so the address on the bottom right shows through the window.

If You Need Additional Help

Call Member Services at **1 800 903-8639**. Best times to call are Tuesday through Friday afternoons.

Member Information

PIC

Group: **MAA 2507850**

Name:

Street Address:

Street Address:

Street Address:

City, ST, ZIP:

Daytime telephone

Evening telephone

Shipping address if different from your mailing address

Check if ☐ Temporary ☐ Permanent

You authorize release of all information to the plan administrator, underwriter, sponsor, policyholder, and their agents for use in connection with the benefit plan programs. Information may also be used for other reporting and analysis purposes without identification of you or your family members.

Patient Information—Complete one line for each new prescription (Do not complete for refills - Please see text above)

Patient name and Medicare B number (if applicable)	Sex	Birth date M/D/YYYY	Doctor name and phone number	Does patient have any other prescription plan?
1	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
2	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
3	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No

Order Information

Total number of medications in this order (including all refills and new medications)

Please take a minute to make sure...

- You have included your doctor's signed prescription form and filled out the patient information for each new prescription.
- The Medco Health address shows through the window of the return envelope.

- You have filled out the Health, Allergy, and Medication Questionnaire. This information will help Medco Health better serve your prescription drug needs.



MEDCO HEALTH
PO BOX 2900
SPOKANE WA 99220-9994



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